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APPLICANTS

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** CONTINUING DATA *****

This application is a CON of 09/205,658 12/03/1998 PAT 6,861,256 ✓
which is a CIP of PCT/US98/10080 05/15/1998 ✓
which is a CIP of 08/888,534 07/07/1997 ABN ✓
and is a CIP of 08/857,076 05/15/1997 PAT 6,225,120 ✓

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
** 10/15/2001

** SMALL ENTITY **

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 70	TOTAL CLAIMS 6	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <u>[Signature]</u> Initials: _____				

ADDRESS

21559
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TITLE

Therapeutic and diagnostic tools for impaired glucose tolerance conditions

FILING FEE RECEIVED 530	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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